WFCA & HIPAA The Next Phase



HIPAA Security

- HIPAA Security is the next level to be implemented.
- Large Plans need to be in compliance by April 21, 2005 – Small Plans have until that date in 2006.
- Rule includes protecting the integrity of data, insuring confidentiality and availability.



HIPAA Security

- Technologically Neutral
 - Supplementing Software and using what you have differently
- Comprehensive
 - Technical and Behavioral
- Standards
 - Implementation specifications can be either Required or Addressable



General Requirements

- Applies to Electronic Protected Health Information (ePHI)
 - Created, received, maintained or transmitted by a Covered Entity
- Protects against reasonably anticipated threats or hazards to the security or integrity of information
- Protects against reasonably anticipated uses and disclosures not permitted by privacy rules
- Ensures workforce compliance.



Security:

Administrative Safeguards

- Employers must put in place administrative procedures to protect housed or transmitted data, including:
 - Data Backup Disaster Recovery Plans
 - Access Authorization Controls
 - Security Testing
 - Virus Checking
 - Risk Analysis
 - Termination of Access Procedures
 - Training/ Workforce Sanctions



Security: Technical Safeguards

- Includes:
 - Automatic System Logoff
 - Unique User Identification
 - Pin # or Password protection
 - Periodic changes to passwords and requiring alpha/numeric combinations
 - Audit Controls
 - Event Reporting
 - Encryption



Security: Physical Safeguards

- Access Control :
 - Procedure for Emergency Access
 - Workstation Security plans
 - Media use and Disposal
- May also require a plan for:
 - Environmental and Natural Hazards
 - Protection from Unauthorized Intrusions



Risk Analysis - REQUIRED

- Inventory & Review Data Systems
- Identify Threats/Vulnerabilities
- Evaluate Security Controls
- Assess Likelihood of Risk
- Consider Impact
- Determine Risk
- Record & Document
- Ongoing Review/Updates



Privacy and Your Health Information

Your Privacy Is Important to All of Us

Most of us feel that our health and medical information is private and should be protected, and we want to know who has this information. Now Federal law

- Gives you rights over your health information
- Sets rules and limits on who can look at and receive your health information

Your Health Information Is Protected By Federal Law

Who must follow this law?

- Most doctors, nurses, pharmacies, hospitals, clinics, nursing homes, and many other health care providers
- Health insurance companies, HMOs, most employer group health plans
- Certain government programs that pay for health care, such as Medicare and Medicaid

What information is protected?

- Information your doctors, nurses, and other health care providers put in your medical record
- Conversations your doctor has about your care or treatment with nurses and others
- Information about you in your health insurer's computer system
- Billing information about you at your clinic
- Most other health information about you held by those who must follow this law

The Law Gives You Rights Over Your Health Information

Providers and health insurers who are required to follow this law must comply with your right to

- Ask to see and get a copy of your health records
- Have corrections added to your health information
- Receive a notice that tells you how your health information may be used and shared
- Decide if you want to give your permission before your health information can be used or shared for certain purposes, such as for marketing
- Get a report on when and why your health information was shared for certain purposes
- If you believe your rights are being denied or your health information isn't being protected, you can
 - File a complaint with your provider or health insurer
 - File a complaint with the U.S. Government

You should get to know these important rights, which help you protect your health information. You can ask your provider or health insurer questions about your rights. You also can learn more about your rights, including how to file a complaint. from the website at

www.hhs.gov/ocr/hipaa/ or by calling 1-866-627-7748; the phone call is free.



PRIVACY



For More Information

This is a brief summary of your rights and protections under the federal health information privacy law. You can learn more about health information privacy and your rights in a fact sheet called "Your Health Information Privacy Rights". You can get this from the website at www.hhs.gov/ocr/hipaa/. You can also call 1-866-627-7748; the phone call is free.

Other privacy rights

Another law provides additional privacy protections to patients of alcohol and drug treatment programs. For more information, go to the website at www.samhsa.gov.

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U.S. Department of Health & Human Services Office for Civil Rights



The Law Sets Rules and Limits on Who Can Look At and Receive Your Information

To make sure that your information is protected in a way that does not interfere with your health care, your information can be used and shared

- For your treatment and care coordination
- To pay doctors and hospitals for your health care and help run their husinesses
- With your family, relatives, friends or others you identify who are involved with your health care or your health care bills, unless you object
- To make sure doctors give good care and nursing homes are clean and safe
- To protect the public's health, such as by reporting when the flu is in your area
- To make required reports to the police, such as reporting gunshot wounds

Your health information cannot be used or shared without your written permission unless this law allows it. For example, without your authorization, your provider generally cannot

- Give your information to your employer
- Use or share your information for marketing or advertising purposes
- Share private notes about your mental health counseling sessions

The Law Protects the Privacy of Your Health Information

Providers and health insurers who are required to follow this law must keep your information private by

- Teaching the people who work for them how your information may and may not be used and shared
- Taking appropriate and reasonable steps to keep your health information secure





HIPAA Complaints – Easy to File!



DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE FOR CIVIL RIGHTS (OCR)



HEALTH INFORMATION PRIVACY COMPLAINT

| If you have questions about this form, call OCR (toll-free) at: 1-800-368-1019 (any language) or 1-800-537-7697 (TDD) | | | |
|---|------|--|---------------|
| YOUR FIRST NAME | | YOUR LAST NAME | |
| HOME PHONE () | | WORK PHONE () | |
| STREET ADDRESS | | | CITY |
| STATE | ZIP | E-MAIL ADDRESS (If a | vailable |
| Are you filing this complaint for someone else? \[\text{Yes} \] No | | | |
| If Yes, whose health information privacy FIRST NAME | | cy rights do you believe were violated? LAST NAME | |
| Who (or what agency or organization, e.g., provider, health plan) do you believe violated your (or someone else's) health information privacy rights or committed another violation of the Privacy Rule? PERSON/AGENCY/ORGANIZATION | | | |
| STREET ADDRESS | | | CITY |
| STATE | ZIP | PHONE () | |
| When do you believe that the violation of health information privacy rights occurred? LIST DATE(S) | | | |
| Describe briefly what happened. How and why do you believe your (or someone else's) health information privacy rights were violated, or the privacy rule otherwise was violated? Please be as specific as possible. (Attach additional pages as needed) | | | |
| Please sign and date this compla SIGNATURE | int. | | DATE |



HIPAA Applied Locally...

Defendant shall also agrees to make restitution to Patient A for expenses he incurred as a result of Defendant's use of his identity, in the amount to be determined by the Court at sentencing.

Defendant agrees that restitution shall be due and payable immediately and shall be paid in accordance with a schedule of payments as ordered by the Court.

- 9. <u>Statement of Facts</u>. The parties agree on the following facts in support of Defendant's guilty plea and sentencing. Defendant admits he is guilty of the charged offense and expressly waives any right to have these facts determined by a jury beyond a reasonable doubt.
- A. In or about early October, 2003, RICHARD W. GIBSON obtained the name, date of birth, and social security number of Patient A. This demographic information had been previously collected from Patient A by Seattle Cancer Care Alliance, a health care provider in Seattle where Patient A was receiving medical treatment.
- B. At the time RICHARD W. GIBSON obtained this information, RICHARD W. GIBSON was an employee of the Seattle Cancer Care Alliance. RICHARD W. GIBSON obtained the information while he was at the Seattle Cancer Care Alliance facility.
- C. At the time RICHARD W. GIBSON obtained this information, he knew that Patient A was a patient of the Seattle Cancer Care Alliance, undergoing treatment for a rare and often fatal form of cancer. Because of his health condition and the nature of the treatments he was receiving, Patient A was a vulnerable victim within the meaning of Section 3A1.7 of the United States Sentencing Guidelines.
- D. The name, date of birth and social security number of Patient A constituted individually identifiable health information as that term is defined in Title 42, United States Code, Section 1320d(6), and as that term is used in Title 42, United States Code, Section 1320d-6.

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HIPAA Applied Locally...

Judge Martinez UNITED STATES DISTRICT COURT WESTERN DISTRICT OF WASHINGTON AT SEATTLE UNITED STATES OF AMERICA. NO. CR04-0374 RSM 10 Plaintiff. 11 PLEA AGREEMENT 12 RICHARD W. GIBSON, 13 Defendant. 14 The United States of America, by and through John McKay, United States 15 Attorney for the Western District of Washington, and Susan Loitz, Assistant 16 17

United States Attorney for said District, and the defendant, RICHARD W. GIBSON, and his attorney, Paula Deutsch, enter into the following Agreement, pursuant to Federal Rule of Criminal Procedure 11(c)(1)(C):

- Waiver of Indictment. Defendant, having been advised of the right to be charged by Indictment, agrees to waive that right and enter a plea of guilty to the charge brought by the United States Attorney in an Information.
- The Charge. Defendant, having been advised of the right to have this matter tried before a jury, agrees to waive that right and enter a plea of guilty to the following charge contained in the Information. By entering this plea of guilty, Defendant hereby waives all objections to the form of the charging document.

PLEA AGREEMENT/ 1 Richard W. Gibson CR04-0374 RSM

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